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express steamer *Fürst Bismark* sailed April 19 carrying 513 steerage passengers. These fast steamers do not make so much of the emigrant traffic as the slower ones.

On the 17th I visited the maritime quarantine station at Cuxhaven near the mouth of the Elbe, through the courtesy of the port physician of Hamburg. I will make the quarantine system the subject of a separate report.

Respectfully, A. C. SMITH,
Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL, *U. S. Marine-Hospital Service.*

HAWAIIAN ISLANDS.

End of plague in Honolulu.

HONOLULU, H. I., *April 27, 1900,*
via San Francisco, Cal., May 4, 1900.

No plague since March 31. Quarantine will be raised unless new foci develop.

CARMICHAEL,
Surgeon, U. S. M. H. S.

IRELAND.

Reports from Queenstown.

QUEENSTOWN, IRELAND, *April 24, 1900.*

SIR: The importance of Queenstown as a port of call is not to be minimized. Many vessels from many climes put in here for orders regarding their final destination and disposal of cargoes. In looking over the register for 1899, I find ships have called here direct from nearly every seaport of importance in the world. Hence it is possible that a ship from a plague-infected port may call at any time. For instance: On the morning of April 2 I learned that the Norwegian ship *Collingwood*, one hundred and ten days out from Rangoon, with a cargo of teak, had arrived the day before with 2 cases of beriberi aboard.

Having in mind the beriberi incident at Port Townsend, Wash., and seeing in PUBLIC HEALTH REPORTS of March 23, 1900, that a death from plague had occurred in Rangoon District, between November 19, 1899, and February 3, 1900, I looked up the boarding doctor, and learned that 1 case would be brought ashore to the hospital. I saw the case when he was paid off before the Norwegian consul, but could not make a good examination there; still I found some enlarged inguinal glands. Two days later I was invited to see the case at the hospital in company with his physician, and I found a general enlargement of the lymphatic glandular system. His heart was very weak and considerably dilated, which accounted for the general œdema. A syphilitic eruption was on his body. I agreed with 2 other physicians, who had seen him, in that it was a case of syphilis and heart disease. I saw the case again Saturday, and he has so far improved that he was sent home to Norway to-day. The ship sailed for London on the 5th, taking the other case of beriberi (?) along. I have delayed reporting this incident until I could report on the termination of the case. Had my suspicions not been allayed at the second examination of the case, I would have reported the case by cable and letter at once.

Respectfully, J. H. OAKLEY,
Passed Assistant Surgeon, U. S. M. H. S.

The SURGEON-GENERAL, *U. S. Marine-Hospital Service.*